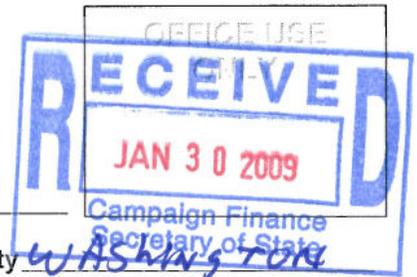


*will Amend*

CANDIDATE REPORT OF 2008  
RECEIPTS AND DISBURSEMENTS



Name of Candidate John Hines  
Address P.O. Box 114 County WASHINGTON  
Telephone (Work) (662) 822-0476 (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_  
Contact Name \_\_\_\_\_ Email Address \_\_\_\_\_

Office Sought House of Representatives Political Party Democrat

Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
- November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
- January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
- Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
- (4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

|                                  | (itemized + non-itemized)   | Total This Period | Calendar year-to-date |
|----------------------------------|-----------------------------|-------------------|-----------------------|
| Total amount of contributions \$ | <u>2350.00 + \$ 200.00</u>  | \$ <u>2550.00</u> | \$ <u>3442.96</u>     |
| Total amount of disbursements \$ | <u>1000.00 + \$ 1200.00</u> | \$ <u>2200.00</u> | \$ <u>2200.00</u>     |
| Total amount of cash on hand \$  |                             | <u>1242.96</u>    |                       |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

John Hines  
(Signature of Candidate)

1-30-09  
(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.  
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
- Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
  - Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

*Will Amend*



Secretary of State  
Capitol Office

Name of Candidate or Committee John Hines

Reporting period \_\_\_\_\_ through \_\_\_\_\_

# ITEMIZED RECEIPTS

A. Source:  Corporation  PAC  Individual  Loan  
 Other (please specify) \_\_\_\_\_

| Full name                   | Date (Mo., Day, Year)  | Amount of each receipt this period |
|-----------------------------|------------------------|------------------------------------|
| A THT                       | 12 / 1 / 08            | \$ 500.00                          |
| Mailing Address             | ___ / ___ / ___        | \$                                 |
| 175 CAP:TOl South           | ___ / ___ / ___        | \$                                 |
| City, State, Zip Code       | ___ / ___ / ___        | \$                                 |
| JACKSON, MS 39202           | ___ / ___ / ___        | \$                                 |
| Name of Employer (Required) | ___ / ___ / ___        | \$                                 |
| Randy Rus                   | ___ / ___ / ___        | \$                                 |
| Occupation (Required)       | Aggregate year-to-date | \$ 500.00                          |

B. Source:  Corporation  PAC  Individual  Loan  
 Other (please specify) \_\_\_\_\_

| Full name                   | Date (Mo., Day, Year)  | Amount of each receipt this period |
|-----------------------------|------------------------|------------------------------------|
| Wyeth                       | 11 / 10 / 08           | \$                                 |
| Mailing Address             | ___ / ___ / ___        | \$                                 |
| 909 Wilson Ave              | ___ / ___ / ___        | \$                                 |
| City, State, Zip Code       | ___ / ___ / ___        | \$                                 |
| Tullahoma TN 37384          | ___ / ___ / ___        | \$                                 |
| Name of Employer (Required) | ___ / ___ / ___        | \$                                 |
| PAT CANNON                  | ___ / ___ / ___        | \$                                 |
| Occupation (Required)       | Aggregate year-to-date | \$ 250.00                          |

C. Source:  Corporation  PAC  Individual  Loan  
 Other (please specify) \_\_\_\_\_

| Full name                   | Date (Mo., Day, Year)  | Amount of each receipt this period |
|-----------------------------|------------------------|------------------------------------|
| ABBOTT LAB                  | ___ / ___ / ___        | \$                                 |
| Mailing Address             | ___ / ___ / ___        | \$                                 |
| 4709 Hilldale Dr.           | ___ / ___ / ___        | \$                                 |
| City, State, Zip Code       | ___ / ___ / ___        | \$                                 |
| KNOXVILLE, TN 37914         | ___ / ___ / ___        | \$                                 |
| Name of Employer (Required) | ___ / ___ / ___        | \$                                 |
| Letoria H. Armstrong        | ___ / ___ / ___        | \$                                 |
| Occupation (Required)       | Aggregate year-to-date | \$ 250.00                          |

D. Source:  Corporation  PAC  Individual  Loan  
 Other (please specify) \_\_\_\_\_

| Full name                      | Date (Mo., Day, Year)  | Amount of each receipt this period |
|--------------------------------|------------------------|------------------------------------|
| MISSISSIPPI Dental Association | ___ / ___ / ___        | \$                                 |
| Mailing Address                | ___ / ___ / ___        | \$                                 |
| 2630 Ridge wood                | ___ / ___ / ___        | \$                                 |
| City, State, Zip Code          | ___ / ___ / ___        | \$                                 |
| JACKSON MS. 39216              | ___ / ___ / ___        | \$                                 |
| Name of Employer (Required)    | ___ / ___ / ___        | \$                                 |
| Occupation (Required)          | Aggregate year-to-date | \$ 300.00                          |

Name of Candidate or Committee John Hines

Reporting period \_\_\_\_\_ through \_\_\_\_\_

# ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) _____ | Date<br>(Mo., Day, Year) | Amount of each receipt<br>this period |
|---|--------------------------|---------------------------------------|
| Full name <u>Alpha Client Services</u>  | ___/___/___              | \$                                    |
| Mailing Address <u>P.O. Box 24087</u>   | ___/___/___              | \$                                    |
| City, State, Zip Code <u>Jackson MS. 39225</u>  | ___/___/___              | \$                                    |
| Name of Employer (Required)   | ___/___/___              | \$                                    |
| Occupation (Required)   | Aggregate year-to-date   | \$ <u>300.00</u>                      |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) _____ | Date<br>(Mo., Day, Year) | Amount of each receipt<br>this period |
| Full name <u>Merck &amp; Co. Inc</u>  | ___/___/___              | \$                                    |
| Mailing Address <u>2479 Merfreesbro Rd</u>  | ___/___/___              | \$                                    |
| City, State, Zip Code <u>Nashville, TN. 37217</u>   | ___/___/___              | \$                                    |
| Name of Employer (Required) <u>Marlene Sanders</u>  | ___/___/___              | \$                                    |
| Occupation (Required)   | Aggregate year-to-date   | \$ <u>250.00</u>                      |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) _____ | Date<br>(Mo., Day, Year) | Amount of each receipt<br>this period |
| Full name <u>PHrMA</u>  | ___/___/___              | \$                                    |
| Mailing Address <u>P.O. Box 20073</u>   | ___/___/___              | \$                                    |
| City, State, Zip Code <u>Jackson, MS. 39249</u>   | ___/___/___              | \$                                    |
| Name of Employer (Required) <u>Tom Wallace</u>  | ___/___/___              | \$                                    |
| Occupation (Required)   | Aggregate year-to-date   | \$ <u>500.00</u>                      |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) _____ | Date<br>(Mo., Day, Year) | Amount of each receipt<br>this period |
| Full name   | ___/___/___              | \$                                    |
| Mailing Address   | ___/___/___              | \$                                    |
| City, State, Zip Code   | ___/___/___              | \$                                    |
| Name of Employer (Required)   | ___/___/___              | \$                                    |
| Occupation (Required)   | Aggregate year-to-date   | \$                                    |

Name of Candidate or Committee Tommy Ames  
 Reporting period \_\_\_\_\_ through \_\_\_\_\_

# ITEMIZED DISBURSEMENTS

|                                    |                        |   |
|------------------------------------|------------------------|---|
| A. Full name                       | Date (Mo., Day, Year)  | Amount of each disbursement this period |
| <u>US Postal</u>                   | <u>10/15/08</u>        | \$ <u>500.00</u>                        |
| Mailing Address                    |                        |   |
| <u>Greenville, MS</u>              | <u>12/18/08</u>        | \$ <u>500.00</u>                        |
| City, State, Zip Code              |                        |   |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u>1000.00</u>                       |
| <u>Postage</u>                     |                        |   |
| B. Full name                       | Date (Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address                    | ___/___/___            | \$                                      |
| City, State, Zip Code              | ___/___/___            | \$                                      |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$                                      |
| C. Full name                       | Date (Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address                    | ___/___/___            | \$                                      |
| City, State, Zip Code              | ___/___/___            | \$                                      |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$                                      |
| D. Full name                       | Date (Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address                    | ___/___/___            | \$                                      |
| City, State, Zip Code              | ___/___/___            | \$                                      |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$                                      |
| E. Full name                       | Date (Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address                    | ___/___/___            | \$                                      |
| City, State, Zip Code              | ___/___/___            | \$                                      |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$                                      |
| F. Full name                       | Date (Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address                    | ___/___/___            | \$                                      |
| City, State, Zip Code              | ___/___/___            | \$                                      |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$                                      |